

0300
FILE COPY



35. G2436

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SATOSHI NAKAYAMA) : Examiner: Unassigned
Application No.: 09/361,152) : Group Art Unit: 2712
Filed: July 27, 1999) :
For: IMAGE PICKUP APPARATUS) :
HAVING FLASH AND COLOR) :
ADJUSTMENT CONTROL) : August 25, 1999

The Assistant Commissioner For Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant's attorneys have received an official
Filing Receipt in the above-identified application in which
there is an error.

In Applicant(s), please change

"SATOSHI NAKAYAMA, TOKYO, JAPAN" .

to read as follows:

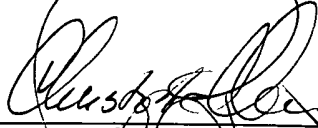
--SATOSHI NAKAYAMA, YOKOHAMA, JAPAN--.

Applicant respectfully requests that a corrected
Official Filing Receipt be issued for the present
application.

Applicant's undersigned attorney may be reached in
our Washington, D.C. office by telephone at (202) 530-1010.

All correspondence should continue to be directed to our
below listed address.

Respectfully submitted,



Attorney for Applicant

Registration No. 32,078

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
F511\W189385\CPW\gmc

SERIAL NUMBER 09/361,152	FILING DATE 07/27/99	CLASS 348	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. 35.G2436
APPLICANT	SATOSHI NAKAYAMA, YOKOHAMA, JAPAN.			
	CONTINUING DOMESTIC DATA*** VERIFIED _____			
	371 (NAT'L STAGE) DATA*** VERIFIED _____			
	FOREIGN APPLICATIONS*** VERIFIED JAPAN 10-215694 07/30/98 _____			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/13/99				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY JPX	SHEETS DRAWING 6	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 6		
ADDRESS	SEE CUSTOMER NUMBER: 005514			
	IMAGE PICKUP APPARATUS HAVING FLASH AND COLOR ADJUSTMENT CONTROL			
TITLE				
FILING FEE RECEIVED \$994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	